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PTO/SB/22 (10-00)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
020801-000720US

In re Application of Phalgun B. Joshi, et al.

Application Number 09/295,663

Filed April 21, 1999

For COMBINATION THERAPY USING NUCLEIC ACIDS AND
CONVENTIONAL DRUGS

Group Art Unit
1632

Examiner
Woitach, J.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a
reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | |
|-------------------------------------------------------------------|-------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown
above is reduced by one-half, and the resulting fee is: \$ 55 .

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this
application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required,
or credit any overpayment, to Deposit Account Number 20-1430.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____ .

**WARNING: Information on this form may become public. Credit card information should not
be included on this form. Provide credit card information and authorization on PTO-2038.**

February 20, 2003

Date

Signature

Carol A. Fang, Reg. No. 48,631

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple
forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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